



# Tobacco Use in 2002: Directions and Cessation Efforts

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# Outline

- Hazards of tobacco use
- Trends in tobacco use
  - ◆ Nationally
  - ◆ Internationally
- ABC's of smoking cessation
  - ◆ What you can do as a health professional
  - ◆ How to maximize your success rate

# CURRENT STATUS (1998 data)

- 24% of Americans smoke
  - ◆ 26% of men, 22% of women
- 30% of military smoke (down from 42%)
- 38% of blue collar workers
- 37% of Native Americans

# Hazards Of Smoking

- Kills > 430,000 Americans each year
  - ◆ Responsible for one in five deaths

Associated with 4 of 5 leading causes of death

- Cancer (lung, larynx, esophagus, pharynx, mouth, bladder, pancreas, kidney, cervix)
- Heart Disease
- Chronic Obstructive Pulmonary Disease
- Stroke

# Additional costs of smoking

- With current patterns:
  - ◆ Smoking will prematurely kill 25 million Americans who are alive today
  - ◆ Includes 5 million under age 18
- \$50-73 billion in medical expenses
- \$50 billion in indirect costs



# Lesser Known Dangers

- Strokes & peripheral vascular disease
- Wrinkles & cataracts

Maternal use associated with:

- IUGR, prematurity, spontaneous Abs, SIDS
  - ◆ Resp. for 17-26% of low birth weights
- Mental retardation, birth defects

# Environmental Tobacco Smoke

- Nearly 90% of nonsmokers exposed
- Increased risk of lung CA, heart disease
- Asthma, respiratory infections in children
- IUGR, SIDS

# Hazards of Cigar Use

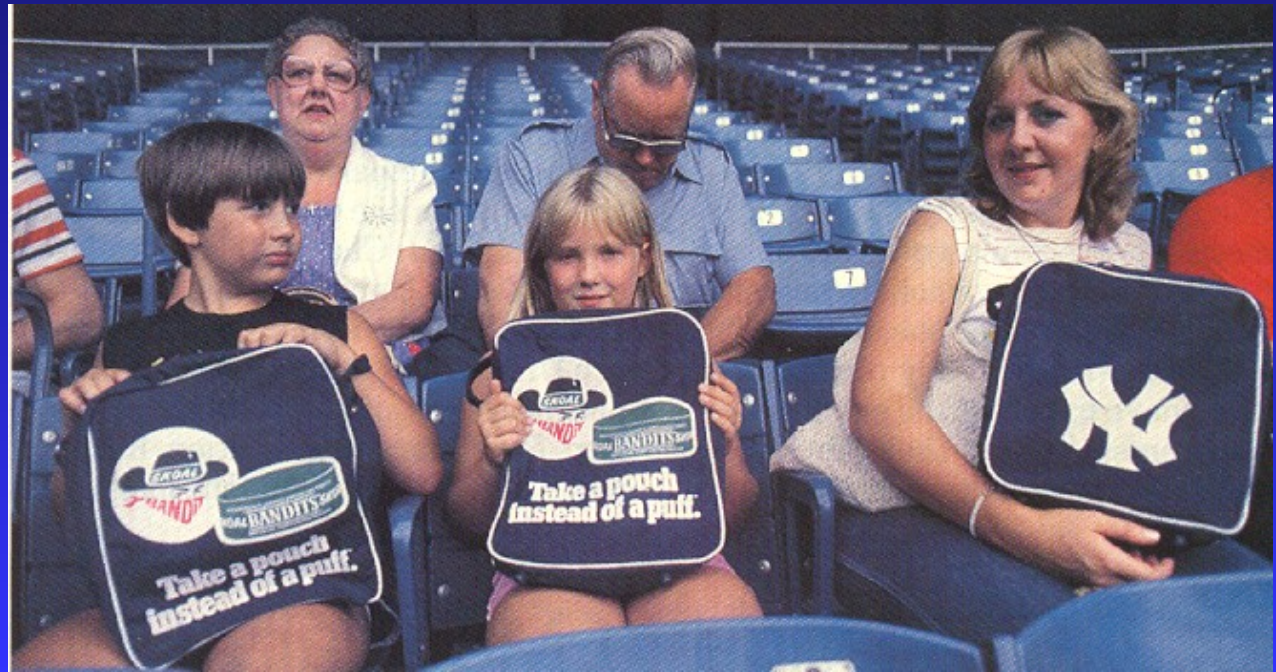
- Lung Cancer
- Esophageal Cancer
- Cancer of larynx and oral cavity





# Hazards of smokeless tobacco

- Oral cancer
- Leukoplakia
- Halitosis



# Trends In Smoking

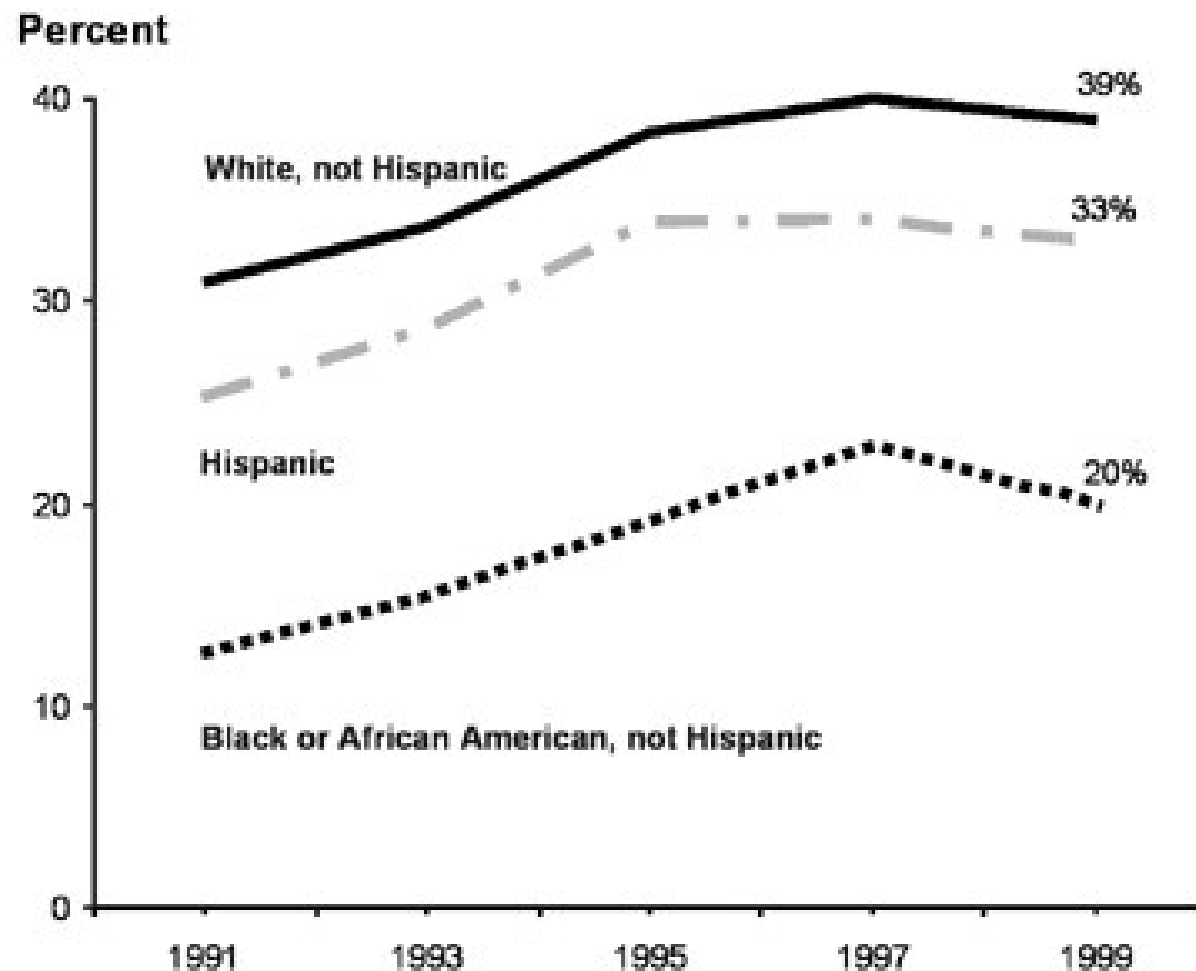
- Steady decline in males smoking
- No change for males with less than high school education
- Women with less than high school education continue to smoke in increasing numbers
- More black women stop when pregnant

# Trends In Smoking

- High school senior smoking rate increased from 28% in 1991 to 35% in 1999; 26% in 10<sup>th</sup> grade, 18% in 8<sup>th</sup> grade
- 22% smoked cigar in past month
- 13% of middle school students use tobacco
- 1/3 of regular teen smokers will die of tobacco-related disease

## Adolescent Cigarette Use

(Adolescents in grades 9 through 12 by race and ethnicity,  
United States, 1991, 1993, 1995, 1997, 1999)



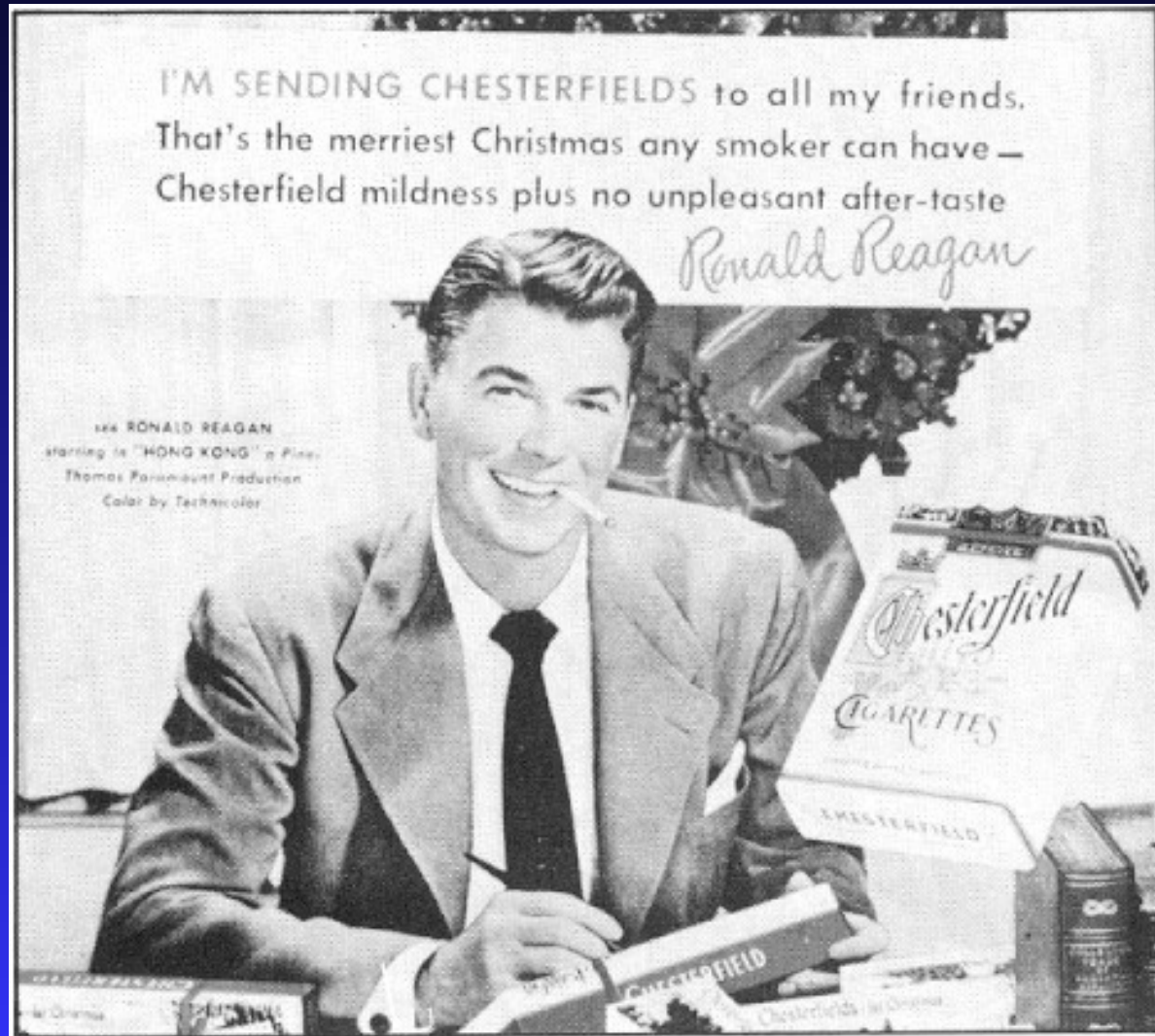
Source: CDC, NCCDPHP. Youth Risk Behavior Surveillance System (YRBSS), 1991, 1993, 1995, 1997, 1999.

# Tobacco and children





# Politicians and Smoking



# POLITICS AND SMOKING

- “Every year cigarettes kill more Americans than were killed in WWI, the Korean War, and Vietnam combined: nearly as many died in battle in WWII. Each year cigarettes kill five times more Americans than do traffic accidents...The cigarette industry is peddling a deadly weapon. It is dealing in people’s lives for financial gain.”

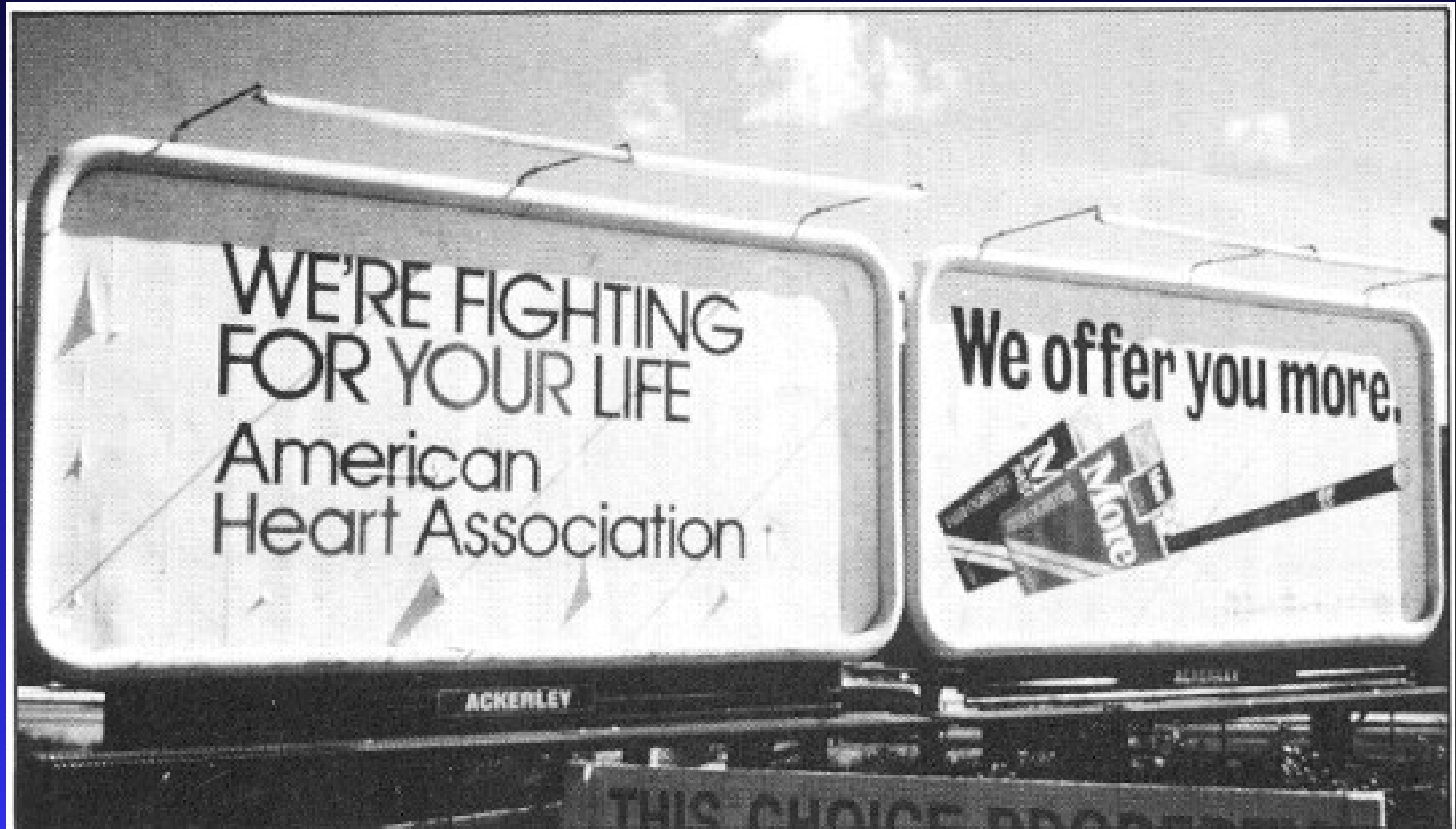
# POLITICS AND SMOKING

- “...Is it addictive? to some people smoking is addictive. To others, they can take it or leave it. Most people don't smoke at all. I hope children never start.”



- 1965: 183,000 Americans killed by tobacco
- 1996: 430,000 Americans killed by tobacco

# Societal Attitudes



# SOCIETAL PROGRESS

- Increased awareness of risks of passive smoke exposure, including for children
- Greater prohibitions on public use
- Strict limits on sales to minors
- Efforts to regulate cigarettes as a drug
- Lawsuits vs. tobacco companies
- Tobacco companies admit wrongdoing

# Healthy People 2000

## Successfully achieved goals

- Marked decr in death due to heart disease, COPD, lung CA, & oral CA
- Decreases in adults smoking
- Decrease in children's ETS at home
- Increased cessation attempts
- Increased workplace bans

# Healthy People 2000

## Failure

- Cessation of smoking during pregnancy
  - ◆ 13% smoke, only 14% of them try to stop
- Smoking in minority teens

# Healthy People 2010

<u>1998</u>		<u>2010 Goal</u>
■ Adult		12%
Cigarettes	24%	0.4%
■ Chew	2.6%	1.2%
■ Cigars	2.5%	

# Smoking internationally

- Mean world cigarette use:  
1500/adult/year
- Global production & marketing
- Variable taxation (80% of price in India, UK, Denmark; 40% in USA)
- 4 million deaths in 1998  
(11,000/day);  
10 million in 2030



# Physicians and Smoking





# The importance of the physician

- $\geq 70\%$  of smokers see an MD annually
- 70% want to, and have tried, to quit
- MD's advice is important motivator for attempting to quit



# ABC's of Smoking Cessation

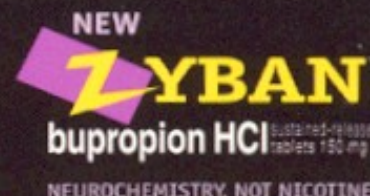
- Ask & Advise
- Behavioral Issues
- Classes
- Drugs
- Encouragement
- Feedback, F/U, & Family Members
- Groups
- Hypnosis

# Ask & Advise:

- Ask about active and passive smoke exp.
- Advise strongly to quit; personalize advice
- Ascertain knowledge of risks/benefits
- Ask about interest in quitting
- Ask what prevented, or prevents, quitting
- Assist in quitting: develop a plan

# HOW TO COUNSEL PATIENTS WHO SMOKE

## Essential steps of a successful smoking cessation intervention



### Ask

**"do you smoke?"**

- Smoking status should be ascertained at every patient visit

### Assist

**smokers in quitting successfully**

- Help set the quit day
- Review past quit attempts
- Give key advice
- Prescribe ZYBAN

### Advise

**all smokers to quit**

- In a clear, strong, and personalized manner, encourage every smoker to quit
- Determine if the patient is ready to quit

### Arrange

**follow-up within 2 weeks of quit day**

- Congratulate if successful
- If a lapse has occurred, review and learn from the circumstances
- Obtain recommitment to total abstinence
- Review compliance with therapy with ZYBAN

ZYBAN is contraindicated in patients treated with WELLBUTRIN®, WELLBUTRIN SR®, or any other medications that contain bupropion. ZYBAN is contraindicated in patients with a seizure disorder or with a current or prior diagnosis of bulimia or anorexia nervosa. The concurrent administration of ZYBAN Tablets and an MAO inhibitor is contraindicated.

Please consult accompanying complete Prescribing Information for ZYBAN.

# BEHAVIOR

- How many cigarettes/day?
- Early morning smoker?
- When do you smoke? (when stressed, after meals, after sex, on phone, in car...)
- What led to failure in past?
- Make replacement list, set quit date

# CLASSES

- Reported efficacy variable
- Peer support can be helpful
- Individualized element important
- Best used in conjunction with other efforts

# DRUGS

- Nicorette gum
- Transdermal Nicotine
- Nicotine spray & inhaler
- Clonidine: oral or transdermal
- Bupropion

# Nicorette<sup>®</sup>

(nicotine polacrilex)

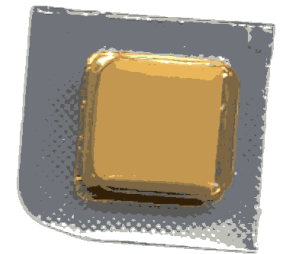
Each chewing piece contains nicotine polacrilex  
equivalent to 2 mg nicotine



Psychological  
dependence

Nicotine  
dependence

Social  
factors



Prescribing Information for Nicorette is provided at the end of this booklet and  
should be consulted before Nicorette is prescribed.

## Lakeside

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# Nicorette gum

- Available without prescription
- Easily titratable
- Not tolerated by some patients
- Reported efficacy 10-40%; better as adjunct to other methods
- 4 mg better for heavier smokers
- Taper over up to 3 months

# Transdermal Nicotine



# Transdermal Nicotine

- Nicotrol, Nicoderm, & Habitrol OTC;
- Average price \$25/week
- Reported efficacy 20-40% @ 6-12 months
- Apparent higher efficacy and acceptance, and requires less training in use, than gum
- Skin rash common, but most can continue
- Optimal treatment 8 weeks, including taper

# RECOMMENDED PATCH REGIMENS

Prostep (24 hrs/day)

22 mg for 4 wks

11 mg for 4 wks

Nicotrol (16 hrs/day)

15/10/5 mg for  
4/2/2 best, but  
marketed OTC as  
one-step, 6 week  
“easy” course

Nicoderm &  
Habitrol

(24 hrs/day)

21 mg/day for 4  
wks

14 mg/day for 2  
wks

7 mg/day for 2  
wks

# GUIDELINES FOR NICOTINE

- ## REPLACEMENT
- Avoid in pregnancy, unstable angina, immed. post-MI, & if serious arrhythmia
  - Probably most important for heavy smokers
  - Tailor use of gum but not patch
  - Emphasize behavioral factors in addition

# Clonidine

- No convincing evidence of improvement in cessation rate, despite decrease in symptoms of withdrawal
- Available at WRAMC
- Consider in patients with coincident hypertension and limited finances
- “Hype” may increase efficacy



## WHAT TO GIVE PATIENTS TO HELP THEM QUIT

NEW  
**ZYBAN**  
bupropion HCl sustained-release  
tablets 150 mg  
NEUROCHEMISTRY. NOT NICOTINE.

### Usage

- ZYBAN is indicated as an aid to smoking cessation treatment in smokers 18 years of age and older.

### How to conveniently prescribe ZYBAN:

- Dosing should begin at 150 mg/day for the first 3 days.
- Increase dosage to the recommended and maximum 300 mg/day (150 mg bid) for most patients for 7 to 12 weeks.\* Allow at least 8 hours between successive doses.

ZYBAN should be part of a comprehensive smoking cessation treatment program.

Please consult accompanying complete Prescribing Information for ZYBAN.

**GlaxoWellcome**

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#### MONTH 1

##### RX OPTION 1

**Dispense ZYBAN Sample Pack:**  
Contains first 3 days of therapy and the ZYBAN Advantage Plan™ (Available only from your Glaxo Wellcome representative)



##### OR

##### RX OPTION 2

**Write Rx for ZYBAN Advantage Pack™:**  
Contains 1 month of therapy and the ZYBAN Advantage Plan (Available at pharmacies)



#### MONTHS 2 TO 3



**Write Rx for ZYBAN**  
Tablets  
150 mg bid  
#60

\*Clinical data are not available on the long-term use (>12 weeks) of bupropion for smoking cessation.

ZYBAN contains the same active ingredient found in WELLBUTRIN® and WELLBUTRIN SR® used to treat depression, and should not be used in combination with WELLBUTRIN, WELLBUTRIN SR, or any other medications that contain bupropion.

The use of bupropion is associated with a dose-dependent risk of seizures. Therefore, clinicians should not prescribe doses over 300 mg/day for smoking cessation. The most commonly observed adverse events consistently associated with the use of ZYBAN Tablets were dry mouth and insomnia.

GET READY FOR

QUITTING.



# Bupropion SR

- Antidepressant, wk inhib of NE, DA, serot.
- Start @ 150 mg qd X 3d, then 150 BID
- Quit tobacco @ 1 week; continue med for 8 weeks after quitting
- 46% quit rate @ 10 wks, c/w 32% for patch
- Contraindicated if seizure d/o, eating d/o
- May have greater effect combined w/patch



# OTHER CONSIDERATIONS

- Encouragement/Feedback: high relapse rate
- Follow-up: remember to ask about success at subsequent visits
- Family Members: get them involved; also emphasize risk of passive smoke
- Groups: peer support for quitting
- Hypnosis: helpful for 10-15%

# Is it worth your time?

- MD attention increases quit rate
- Smoking assoc'd w/ high morb./mortality
- Cost effectiveness analyses indicate greater QALYs saved than with MMG, FOBT, F/S, lipid reduction, HTN screening--true for counseling, gum, patch
- If at first you don't succeed...

# Useful references

- WHO tobacco free initiative:  
<http://tobacco.who.int/>
  - ◆ Tobacco Free Olympics
  - ◆ World No Tobacco Day 5/31/02
- <http://tobaccofreekids.org/>
- <http://tobaccodocuments.org/>
- <http://www.cdc.gov/tobacco/index.htm>
- <http://www.kickbutt.org/>

# Conclusions

- Trends show reasons for optimism
- Addictive power of tobacco remains problematic internationally, nationally, and individually
- A variety of options for cessation, but success rate still low

# Questions

